



ND VULNERABLE ADULT PROTECTIVE SERVICES SCREENING REPORT

ND DEPARTMENT OF HUMAN SERVICES
AGING SERVICES

SFN 1268 (06-2003)

Name of Involved Adult:		Date of Report:	
Date Screened In:		Date Screened Out:	
VULNERABLE ADULT: <ul style="list-style-type: none"><input type="checkbox"/> 18 years and older<input type="checkbox"/> Frail elderly<input type="checkbox"/> Mental impairment (substantial, functional, mental incapacity)<input type="checkbox"/> Physically impaired (substantial, functional incapacity)<input type="checkbox"/> Resides in community		<input type="checkbox"/> Resides in a LTC facility Adult Family Home: _____ Resident Specialized Care Facility: _____ Other: _____	
ALLEGATION MEETS DEFINITION OF: ABUSE: <ul style="list-style-type: none"><input type="checkbox"/> Physical injury<input type="checkbox"/> Mental anguish<input type="checkbox"/> Sexual abuse NEGLECT: Failure or omission to provide goods or services <ul style="list-style-type: none"><input type="checkbox"/> By own self<input type="checkbox"/> By caretaker<input type="checkbox"/> By another person EXPLOITATION: <ul style="list-style-type: none"><input type="checkbox"/> Misappropriation of property<input type="checkbox"/> Intentionally taking unfair advantage of physical or financial resources<input type="checkbox"/> Person in position of trust takes money or property not in due and lawful execution of trust REFERRAL: <ul style="list-style-type: none"><input type="checkbox"/> Incident reported has already been assessed by HSC Date: _____<input type="checkbox"/> Full assessment needed		<input type="checkbox"/> I & R <input type="checkbox"/> Brief Service <input type="checkbox"/> Not a vulnerable adult <input type="checkbox"/> Referral to supportive/educational services to support independent living <input type="checkbox"/> Report of domestic violence (victim is not elderly or mentally impaired or is a resident of LTC/DD facility) <input type="checkbox"/> No credible reason for suspecting abuse, neglect, exploitation, or fiduciary abuse <input type="checkbox"/> Reported incident does not meet definition of abuse, neglect, exploitation, or fiduciary abuse <input type="checkbox"/> No indication of need for protective services (Adult is able to provide for or obtain services necessary to maintain physical and mental health)	
Initial Contact:		Finding:	
Assigned To:		Date Assigned:	
Supervisor/Designee:			
Comments:			

**VULNERABLE ADULT PROTECTIVE SERVICES
SCREENING REPORT INSTRUCTIONS**

This report is used to determine if a referral of abuse, neglect or exploitation meets statutory criteria and will be referred for a full assessment. The person receiving the call, screens all referrals and makes decisions about the disposition of the situation.

Name of Involved Adult: Full legal name of the alleged vulnerable adult.

Screened in as a Vulnerable Adult: Check all that apply.

Allegation Meets the Definition of ANE: This is defined in NDCC 50-25.2

Referral for Full Assessment: Meets the criteria set in above section.

Date Screened Out: Check all that apply. These are the reasons that a referral will not be referred for a full assessment. These can be shared with the reporter.

Initial Contact: Date of first contact with alleged vulnerable adult.

Findings Due: Within 30 working days.

Assigned To: Worker assigned to do full assessment.

Date Assigned: Date assigned to VAPS worker.

Comments: Used to explain or clarify reason for information & referral, or brief service, or other information.